



City of Monroe Recreation Department

120 E. First St., Monroe, MI 48161 Phone: 734-384-9156 Fax: 734-243-8683
e-mail: recreation@monroemi.gov

Background Screening Consent/Release Form

For use in screening volunteer coaches, assistant coaches or other volunteer positions through the City of Monroe Recreation Department.

PLEASE PRINT:

Last Name First Name Middle
Address_____
City_____ State_____ Zip_____
Date of Birth_____ Social Security No._____

I, the undersigned, authorize and give consent for the above named organization to obtain information regarding myself in consideration of my application as a volunteer youth coach, assistant coach, or other position associated with working with youth through the City of Monroe Recreation Department. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm, or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Signature Date

OFFICE USE ONLY:

Date Requested:_____ Date Received:_____ Results: Passed / Failed